

Girdwood Health Clinic

Influenza Screening and Consent Form Date: _____

First Name:		Middle Initial:		Last Name:	
Birth Date (month/day/year):		Age:	Gender:	Primary Language: English Other: _____	
Race (Select all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/ African American <input type="checkbox"/> Asian				Ethnicity:	
<input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Other: _____				<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Mailing Address:		City:	State:	Zip:	
Physical Address:		City:	State:	Zip:	
<input type="checkbox"/> Same as above					
Telephone – Circle: Home, Cell, or Work ()			Is it ok to text with immunization reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Family Size (# of people that share income)		Annual Income	
Parent/Guardian Name and Relationship to minor (If Applicable):			Parent/Guardian Birth Date (If Applicable):		

Screening Questions:

Are you sick today with something more than a minor illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any serious allergies to eggs or to a component of the vaccine?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>The clinical staff will review any yes answers to determine if you should not receive any vaccine today. If you have a concern regarding vaccines and a medical condition not listed above, please discuss with the staff.</i>		

What type of medical insurance do you have? (select all that apply)

Children Only (18 and under)

- (1) Private insurance that covers vaccines
- (2) Private insurance that does not cover vaccines
- (3) No medical insurance
- (4) Medicaid/Denali Kid Care
- (5) Alaska Native/American Indian

Adults Only (19 and over)

- (6) Medicaid or Medicare
- (7) Other insurance
- (8) No medical insurance

Consent:

The Girdwood Health Clinic **HIPAA** privacy practices and **HITECH** Act practices and treatment consent form has been made available for me to read. The most current Vaccine Information Sheet (VIS) has been made available for me to read. I understand their contents, and hereby consent to receive (or for my child to receive) medical and related services. YES, I authorize the review and administration of this vaccine to be documented into VacTrAK, a vaccine record system managed by the State of Alaska, Department of Health and Social Services, Section of Epidemiology.

Client (or parent/guardian) Signature: _____ Date _____

THIS SIDE IS FOR NURSE USE ONLY

Vaccination Documentation

Child: 18 years old and under

Adult: 19 years old and over

<u>Eligibility</u> <i>Circle one of the following:</i>	<u>Funding Source</u> <i>Circle the following:</i>	<u>Eligibility</u> <i>Circle one of the following:</i>	<u>Funding Source</u> <i>Circle one of the following:</i>
(1) AVAP (2) VFC underinsured (3) VFC uninsured (4) VFC Medicaid eligible (5) VFC AK Native/ American Indian	STATE	(7 or 8): AVAP (6): Ineligible Medicaid or Medicare ONLY	STATE PRIVATE

Vaccine:

Regular Dose State Supply		Fluarix Quadrivalent: preservative-free, latex-free, pre-filled syringe 2020/2021 Manufacturer: GlaxoSmithKline 6 mon and older Lot Number: 4PA3X Expires: 06-30-2021 Amount: 0.5mL (single dose)
Regular Dose State Supply		Fluarix Quadrivalent: preservative-free, latex-free, pre-filled syringe 2020/2021 Manufacturer: GlaxoSmithKline 6 mon and older Lot Number: 3DZ54 Expires: 06-30-2021 Amount: 0.5mL (single dose)
High Dose State Supply		Fluzone Quadrivalent: preservative-free, latex-free, single dose vial 2020/2021 Manufacturer: SanofiPastuer 65 year and older Lot Number: UJ470AB Expires: 06-30-2021 Amount: 0.7mL (single dose)
High Dose State Supply		Fluzone Quadrivalent: preservative-free, latex-free, single dose vial 2020/2021 Manufacturer: SanofiPastuer 65 year and older Lot Number: UJ450AA Expires: 06-30-2021 Amount: 0.7mL (single dose)

ADMINISTRATION:

Date Vaccine Administered	Route and Anatomical Site	Vaccinator's Name	VIS Date
	IM - Right Deltoid IM - Left Deltoid IM - Right Anterolateral Thigh IM - Left Anterolateral Thigh		Inactivated Influenza Vaccine <hr/> 8-15-2019

SHOULD THIS CHILD RECEIVE A SECOND DOSE?

